

ATPA PROJECT MODIFICATION REQUEST*Prior approval is required. Attach additional pages if necessary.*

CHECK ONE

- ☐ Personnel Change
☐ Financial Change
☐ Program Change
☐ Other

1 Name of Grantee		2 Project No.		3 Effective Date of Change	
4 Mailing Address					
5 Project Director		6 Title		7 Phone No. ()	
8 Address					
9 Personnel Modification and/or Explanation (Note: Please indicate the replacement person's name, title, address, phone no., and FAX no.)					
10 Other Modification and/or Explanation					
					ATPA USE ONLY
11 Budget Modification Requested	12 Current Approved Amount	13 Amount of Change Requested (+or -)	14 Revised Budget Amount	15 Approved Budget Amount	
SWORN EMPLOYEES					
OTHER EMPLOYEES					
VEHICLES					
FIELD OPERATIONS					
OFFICE OPERATIONS					
CONTRACTUAL SERVICES/OTHER					
TOTAL					
16 Signature of Project Director				17 Date	
18 Approval of ATPA Executive Director				19 Date	

SUBMIT REQUEST TO: AUTOMOBILE THEFT PREVENTION AUTHORITY,
 714 South Harrison Road, East Lansing, Michigan 48823 at least 30 days in advance.

FOR ASSISTANCE CALL: (517) 336-6197 or
 Fax: (517) 336-6427

AUTHORITY:	1992 PA 174
COMPLIANCE:	Voluntary, but modification will not be approved unless form is submitted.